

South Dakota

Data as of July 2003

Mental Health and Substance Abuse Services in Medicaid and SCHIP in South Dakota

As of July 2003, 102,632 people were covered under South Dakota's Medicaid/SCHIP programs. There were 93,208 enrolled in the Medicaid program, 7,517 enrolled in the Medicaid SCHIP expansion program and 1,907 in the separate SCHIP program. In state fiscal year 2002, South Dakota spent about \$379 million to provide Medicaid services.

In South Dakota, low-income children may be enrolled into the Medicaid program, a SCHIP Medicaid expansion program, or a separate SCHIP program based on the child's age and their family's income.

- The Medicaid program serves children through age 5 in families with incomes of 133% FPL or less and children ages 6 through 18 in families with incomes of 100% FPL or less.
- The SCHIP Medicaid expansion program serves children through age 18 in families with incomes of no more than 140% FPL who do not otherwise qualify for Medicaid.
- The Separate SCHIP program serves uninsured children through age 18 in families with incomes between 140% and 200% FPL.

South Dakota requires almost all Medicaid beneficiaries, as well as participants in both SCHIP programs, to enroll into a Primary Care Case Management (PCCM) program (Only those beneficiaries over age 65 or who also qualify for Medicare are excluded from the PCCM program). All Medicaid-covered mental health and substance abuse services are within the PCCM providers' scope of authority. As a result, all PCCM enrollees need a referral from their PCCM provider in order to obtain mental health and substance abuse services. Those Medicaid beneficiaries who are not enrolled into the PCCM program obtain Medicaid-covered substance abuse and mental health services through an unmanaged fee-for-service system. As of July 2003, there were 71,650 Medicaid beneficiaries enrolled into the PCCM program.

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Low income families with children that have (a) incomes below an amount that is set by the state and varies by family size between about 50-70% FPL and (b) resources less than the \$2,000. (These families are often referred to as section 1931 families.) These families retain coverage for up to 12 months following the first month their income exceeds Medicaid eligibility limits.
2. Pregnant women and children up through age 5 in families with incomes of 133% FPL or less
3. Children ages 6 through 18 in families with incomes of 100% FPL or less.
4. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act

Aged, Blind, and Disabled

1. Aged, Blind and Disabled individuals receiving SSI
2. Aged, Blind, and Disabled individuals in group living arrangements who receive South Dakota's supplementary SSI payment (SSP).
3. Aged, Blind, and Disabled individuals who are in institutions for at least 30 consecutive days and who earn no more than 300% of the maximum SSI benefit
4. Disabled children who would be eligible if living in an institution, with income less than 300% of SSI and resources no more than the SSI standard.

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5. Uninsured and underinsured women with incomes under 200% FPL who have been screened and found to need breast or cervical cancer treatments.

Medically Needy

South Dakota does not have a medically needy program.

Waiver Populations

South Dakota does not have an 1115 waiver.

What Mental Health/Substance Abuse Services are Covered by Medicaid?

Medicaid must cover some types of services (mandatory services) and may cover some other types of services (optional services). The information presented here identifies the types of service South Dakota Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that South Dakota must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

Mandatory State Plan Services

Inpatient Hospital Services		
Service	Description	Coverage Requirements
Inpatient	Services provided in a licensed general acute hospital, including acute mental health and substance abuse treatment.	<ul style="list-style-type: none">All hospitals with psychiatric units must participate in the care management program and obtain prior authorization from a care manager before providing any inpatient psychiatric care.Only acute psychiatric admissions (those expected to be completed within 10 days) are covered by Medicaid.Substance abuse coverage is limited to detoxification.

Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient	Outpatient psychiatric services, day treatment, or outpatient chemical dependency treatment services, including opiate treatment with methadone maintenance are not covered	
Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)	<ul style="list-style-type: none">FQHCs and RHCs may only provide those mental health services that could be provided by an independent practitioner, as described under rehabilitative services.FQHCs and RHCs may not provide substance abuse services.	FQHCs and RHCs may only provide those mental health services that could be provided by an independent practitioner, as described under rehabilitative services.

Physician Services		
Service	Description	Coverage Requirements
Physician Services	Physicians may provide psychotherapy services as described under "Rehabilitative	<ul style="list-style-type: none">Substance abuse treatment is not coveredA mental health service provided in a physician's office must meet the same

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	Services".	requirements as those provided in another setting.
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Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21		
Service	Description	Coverage Requirements
Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Mental Health Services	<ul style="list-style-type: none"> • EPSDT provides for access to services, including mental health and substance abuse services <ul style="list-style-type: none"> - In amounts greater than that otherwise covered by the Medicaid program - That can be covered under federal Medicaid law, but that South Dakota has otherwise chosen not to cover. • Services covered that are not otherwise provided under the State plan include <ul style="list-style-type: none"> - inpatient psychiatric hospital services, - chemical dependency treatment, - psychologist services when referred by a physician, - in-home mental health services, - residential treatment services, - psychiatric facility inpatient services and - any other medical or remedial care allowed under state law 	<ul style="list-style-type: none"> • Service must be needed to ameliorate or treat a condition identified in an EPSDT screen • Service must be prior authorized by the Medicaid agency. • Prior authorization required for chemical dependency treatment. • Residential treatment services are limited to individuals who have behavioral or emotional problems requiring intensive professional assistance and therapy in a highly structured, self-contained environment. • Prior authorization required for inpatient psychiatric services.

Optional State Plan Services

Rehabilitative Services		
Service	Description	Coverage Requirements
Community Support Program Services	Medically related rehabilitative treatment and support services including <ul style="list-style-type: none"> • comprehensive medical and psychosocial evaluation, • medical Services, • emergency services, • counseling and psychotherapy, • psychiatric rehabilitative services 	<ul style="list-style-type: none"> • Beneficiaries may receive services that have been recommended by a physician for maximum reduction of physical or mental disability and restoration of a recipient to the best possible functional level • Beneficiaries may receive services <ul style="list-style-type: none"> - identified in an approved treatment plan, or - not on their treatment plan if recommended by a Community Support services program staff or physician on duty during a crisis • All beneficiaries receiving community support services program must be approved to join the program by the Department of Mental Health before receiving services.
Mental Health Rehabilitation Services	<ul style="list-style-type: none"> • Services include <ul style="list-style-type: none"> - therapy services, - psychiatric services, 	<ul style="list-style-type: none"> • Beneficiaries may only receive services from an accredited community mental health center. • Beneficiaries may only receive services that are

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	<ul style="list-style-type: none">- community support program (CSP) services,- inpatient diversion services.• Services to treat a primary diagnosis of substance abuse, including Methadone maintenance and LAAM, are not covered	based a medical/psychological evaluation.
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Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management (TCM)	Services include client identification and follow-up, coordination of needs assessment, case management service plan development, service mobilization linkage, and monitoring.	<ul style="list-style-type: none">• Beneficiaries are adults age 18 and over who are severely and persistently mentally ill as defined by the State of South Dakota Division of Mental Health
Case Management for Transitioning Youth	1. Client identification and follow-up and coordination of needs assessment	<ul style="list-style-type: none">• Services limited to youth who are transitioning out of residential placement.

SCHIP Medicaid Expansion Program

Who is Eligible for the SCHIP Medicaid Expansion Program?

The SCHIP Medicaid expansion program serves two groups of children

1. Children age 0-5 from families with incomes between 133 and 140% FPL.
2. Children age 6-18 from families with incomes between 100 and 140% FPL.

What Mental Health/Substance Abuse Services are Covered by the SCHIP Medicaid Expansion Program?

Service coverage in the SCHIP Medicaid Expansion program is identical to coverage in the Medicaid program, which was described in the previous section.

Separate SCHIP Program

Who is Eligible for the Separate SCHIP Program?

The Separate SCHIP program serves uninsured children 0-18 from families with incomes between 140 and 200% FPL.

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What Mental Health/Substance Abuse Services are Covered by the SCHIP Medicaid Expansion Program?

Service coverage in the Separate SCHIP program is identical to coverage in the Medicaid program, which was described in the previous section.